MAXIMUS Federal Services

Case Number:	CM15-0208898		
Date Assigned:	10/27/2015	Date of Injury:	03/02/2009
Decision Date:	12/08/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 69 year old male, who sustained an industrial injury on 3-20-2009. Several documents in the provided medical records are difficult to decipher. The injured worker was being treated for sprain and strain unspecified site shoulder and upper arm, lumbar intervertebral disc syndrome, and cervical disc displacement without myelopathy. The injured worker (7-8-2015) reported decreased pain and increased coping skills after completing 3 weeks of a functional restoration program. The injured worker reported being pleased with his progress and decreased stress. The physical exam (7-8-2015) reveals decreased pain with active range of motion and spasms of the cervical and lumbar spines. The treating physician noted decreased pain with active range of motion of the bilateral shoulders with positive supraspinatus and impingement. The injured worker (8-19-2015 and 9-30-2015) reported ongoing cervical and lumbar spine pain and right shoulder pain with popping and clicking with flexion and abduction. On 8-19-2015, the injured worker reported decreased cervical spine pain and low back pain with good and bad days. The treating physician noted decreased medication intake following the functional restoration program. On 9-30-2015, the treating physician noted continued increased function with the functional restoration program. The physical exam (8-19-2015 and 9-30-2015) reveals decreased pain with active range of motion and spasms of the cervical and lumbar spines. The treating physician noted decreased pain with active range of motion of the right shoulder with positive supraspinatus and impingement. Per the treating physician (9-14-2015 report), at the start of the functional restoration program the injured worker was taking Norco 10-325mg 4 times a day and the Norco had been decreased to 1-2 every day as needed while in the functional restoration program. The medical records (7-8-2015, 9-30-2015) did not include

documentation of the subjective pain ratings. The provided medical records did not include a signed opioid pain agreement or any urine drug screen for the verification of the injured worker's compliance with Norco. Surgeries to date have included right shoulder in 2009. Treatment has included a home exercise program, a functional restoration program, a non-steroidal steroid injection, a right shoulder steroid injection, off work, and medications including pain (Norco since at least 6- 2015) and muscle relaxant (Tizanidine since at least 6-2015). Per the treating physician (9-30- 2015 report), the injured worker was to remain off work. The requested treatments included Flexeril 10mg and Norco 10-325mg. On 10-14-2015, the original utilization review non-certified requests for Flexeril 10mg and Norco 10-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on muscles relaxants for a prolonged period (including prior Tizanidine). Chronic use of Flexeril (Cyclobenzaprine) is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. Weaning protocol was not provided and the tapering was longer than suggested by the guidelines. Continued use of Norco is not medically necessary.